



RECREATION DEPARTMENT

The Heart of the Neighborhood



SPORTS

SUMMER COED YOUTH BASKETBALL

2 0 0 6

Registration & General Information

Registration is Open to the inexperienced, as well as the experienced player. All teams are coed. Requests for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored. The program features fundamentals of the game.

MAIL-IN REGISTRATION:

April 24 - May 6

Registration postmarked before April 24, or after May 6 will not be accepted, and will be returned by mail. Space is limited to a certain number of players, so register as soon as possible. Once the league is filled, a waiting list will be established to fill vacant spots on established teams. All registrations must include proof of age!

Mail to:

City of Chula Vista
Recreation Department
ATTN: Youth Basketball, James Northum
276 Fourth Avenue, MS R-105
Chula Vista, CA 91910

WALK-IN REGISTRATION*:

May 15 - 19, or until leagues are full.

Parkway Gym

385 Park Way

2 - 7 pm, Monday - Friday

Incomplete registrations (no birth certificate, no authorized signature, etc.) will not be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten (10) working days will be dropped from the program. Registrations with no fee included will be returned.

ONLINE REGISTRATION:

Begins April 24, visit www.chulavistaca.gov/rec

Click on "Online Registration" and type "Youth Basketball" in the search area.

FEES:

\$45 Resident / \$57 Nonresident

Make Checks payable to: "City of Chula Vista."

Limited financial aid is available for qualified applicants. Request forms are available at the Parkway Gym. Applications will be accepted through June 7, 2006.

There are no refunds for this activity. No exceptions.
(There is a \$5 administrative fee for all transfers.)

PARENT TRAINING

Tuesday, June 6, 6 - 8 pm

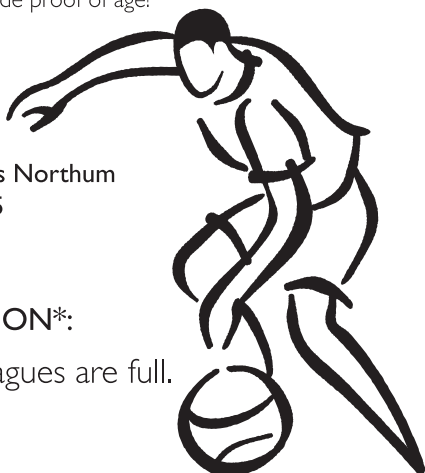
Community Youth Center

Parents or guardians of all participants are strongly encouraged to attend the Parent Training session presented by the Positive Coaching Alliance. Parents who do not attend may not be permitted to observe their child's basketball games during the season.

Our goal is to provide a safe and pleasant environment for your recreational enjoyment. Participants, parents, and spectators will be expected to follow the code of conduct at our facilities.

For more information, please call: (619) 691-5084

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.





Summer Basketball League REGISTRATION FORM



COED AGE DIVISIONS:

AA Born 1988 - 1991	COED ONLY
A Born 1992 - 1993	COED ONLY
B Born 1994 - 1995	COED ONLY
C Born 1996 - 1997	COED ONLY

GAMES ARE PLAYED AT:

Parkway Gym (385 Park Way)
Parkway Community Center (373 Park Way)
Boys & Girls Club (1301 Oleander)
Otay Recreation Center (3554 Main Street)
Chula Vista Community Youth Center (465 L Street)

PLAYER EVALUATIONS: All new players must attend the player evaluations at Parkway Gym (385 Park Way) to be placed on a team! Please arrive 15 minutes early.

AA	Wednesday, June 7	5:30 pm
A	Wednesday, May 31	5:30 pm
B	Wednesday, May 24	5:30 pm
C	Monday, May 22	5:30 pm

Note: All volunteer coaches MUST attend the evaluation & the draft following the evaluations.

The first game is June 17. Games are played on Mondays, Fridays and Saturdays. Teams play no more than 2 games per week.

Practices will be held one to two times per week, depending on the availability of the volunteer coaches. Practices may be held Monday - Friday from 4 - 8 pm, beginning within two weeks after evaluations. League ends August 12.

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

For more information, please call: (619) 691-5084

FILL OUT COMPLETELY - PLEASE PRINT

PARTICIPANT NAME		School	Male / Female	
Parent's Name		Home Phone:	Work Phone:	
ADDRESS		CITY	STATE	ZIP
Emergency Contact Name:		Emergency Contact Phone:		
Child's Date of Birth:	/ /	Child's Height:	Child's Weight:	Fee Enclosed \$
Email Address:				
Parent/Guardian: Are you interested in managing a team?		YES	NO	

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

I _____ (REGISTRANT), and I _____ *(REGISTRANT'S parent or guardian), acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC 20240.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____